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APPLICATION NO. 10/532,830 TITLE OF INVENTION: APPLN. TYPE nonprovisional	04/20	APPARATUS FOR M	ST NAMED INVE Hiroshi SHIMAD ANAGING DENIT	DA .	ATTORNEY D		CC	NFIRMATION NO. 8875	
TITLE OF INVENTION: APPLN. TYPE	METHOD AND	APPARATUS FOR M			Q874	128		8875	
APPLN. TYPE	SMALL		ANAGING DENIT	TRATION CAT			8875		
APPLN. TYPE	SMALL		ANAGING DENIT	FRATION CAT					
		ISSUE FEE			ΓALYST				
nonprovisional	ENTITY	MALL ISSUE FEE		N PREV. I	PAID ISSUE FEE	TOTAL FEE(S)		DATE DUE	
nonprovisional			FEE				` /		
	NO	\$1510.00	\$300.00		\$0.00	\$1,810.00)	01/21/2011	
ī	EXAMINER		ART UNIT	CLAS	S-SUBCLASS				
Ye	elena G. Gakh		1797	43	36-037000				
1. Change of correspondence	ce address or indi	2. For printing of	on the patent front p	age list 1	Sugl	rue Mion, PLLC			
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.				(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, 2					
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev				(2) the name of a single firm (having as a					
03-02 or more recent) ATI		member a registered attorney or agent) and the a							
					ame is listed, no n				
3. ASSIGNEE NAME AN	D DECIDENCE	DATA TO DE DUNTE		printed.	\				
9. ASSIGNEE NAME AN PLEASE NOTE: Unless a				4 71		entified below, th	ne docur	ment has been filed for	
recordation as set forth in 3						,			
(A) NAME OF ASSIGNED	` ,	DENCE: (CITY and ST	ATE OR COUNTR	RY)					
THE CHUGOKU ELECTI	RIC POWER CO	., INC.	Hiroshima, Japan						
Please check the appropria	e assignee categ	ory or categories (will n	ot be printed on the	e patent): 🗆 Ind	lividual ☑ Corporati	on or other priva	te group	entity Government	
4a. The following fee(s) are submitted:			4b. Payment	4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)					
☑ Issue Fee			☐ A check is	☐ A check is enclosed.					
☑ Publication Fee (No small entity discount permitted)			☑ Payment b	☑ Payment by credit card. Form 1310-2038 is attached.					
☐ Advance Order - # of Copies				\square The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number $\underline{19\text{-}4880}$.					
		☑ The USPTO is directed and authorized to charge all required fees to Deposit Account No.							
			<u>19-4880</u> . Ple	ease also credit	any overpayments t	o said Deposit A	ccount.		
5. Change in Entity Status									
a. Applicant claims SM.			**	_	claiming SMALL E			,	
The Director of the USPTC	=								
NOTE: The Issue Fee and party in interest as shown by					he applicant; a regis	tered attorney or	agent;	or the assignee or other	
Authorized Signature	_/	Alan J. Kasper/	1	Date		Decembe	December 14, 2010		
Typed or Printed Name	I	Alan J. Kasper]	Registration No	0.	25,426			